

CHAPTER 13 ANNUAL BUDGET
October 1, 1997 - September 30, 1998

NAME: _____
DATE: _____

I. SUMMARY OF NECESSARY EXPENSES

	<u>FY 96</u> <u>Actual</u>	<u>FY 97</u> <u>Full-year</u>	<u>FY 98</u> <u>Budget</u>	<u>FY 98-FY 97</u> <u>Percentage</u> <u>Change</u>
A. <u>OPERATING EXPENSES:</u>				
*1. Employee Expenses.....	_____	_____	_____	_____
*2. Office Rent.....	_____	_____	_____	_____
*3. Utilities (if not included in rent).....	_____	_____	_____	_____
*4. Bookkeeping and Accounting Services.....	_____	_____	_____	_____
*5. Computer Services.....	_____	_____	_____	_____
6. Audit Services.....	_____	_____	_____	_____
*7. Consulting Services.....	_____	_____	_____	_____
8. Telephone.....	_____	_____	_____	_____
9. Postage ¹	_____	_____	_____	_____
10. Office Supplies.....	_____	_____	_____	_____
*11. Bond Premiums.....	_____	_____	_____	_____
12. Clerk Fees (not under plans).....	_____	_____	_____	_____
13. Dues to Professional Organizations.....	_____	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
*14. Publications and On-Line Services.....	_____	_____	_____	_____
*15. Insurance, other than Employment Related.....	_____	_____	_____	_____
16. Training.....	_____	_____	_____	_____
*17. Maintenance and Service Agreements.....	_____	_____	_____	_____
18. Photocopy Services or Transcripts.....	_____	_____	_____	_____
*19. Travel.....	_____	_____	_____	_____
*20. Equipment/Furniture Rental.....	_____	_____	_____	_____

¹ If postage amount includes postage for notices, provide an estimate of that cost:
\$_____.

I. SUMMARY OF NECESSARY EXPENSES

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
*21. Equipment/Furniture Purchases.....	_____	_____	_____	_____
22. Leasehold Improvements.....	_____	_____	_____	_____
*23. Other Expenses (list):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>Total Operating Expenses</u>	_____	_____	_____	_____
B. <u>OPERATING RESERVE</u>				
(not to exceed 17% of Total Operating Expenses)...	_____	_____	_____	_____
C. <u>TOTAL NECESSARY EXPENSES</u> [A + B].....	=====	=====	=====	=====

*These entries require additional detail on the "Yearly Supporting Estimates" and "Detail of Personnel Expense" exhibits. The line item totals from these exhibits should tie to the "Summary of Necessary Expenses".

II. YEARLY SUPPORTING ESTIMATES

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
1. Employee expenses: ²				
A. Salaries (including amounts withheld).....	_____	_____	_____	_____
B. Overtime.....	_____	_____	_____	_____
C. Bonuses.....	_____	_____	_____	_____
D. Employer's Contribution	_____	_____	_____	_____
E. Employee Benefits				
1. Total Health Insurance.....	_____	_____	_____	_____
2. Total Life Insurance.....	_____	_____	_____	_____
3. Total Other Insurance.....	_____	_____	_____	_____
4. Total Retirement.....	_____	_____	_____	_____
5. Total Parking.....	_____	_____	_____	_____
6. Total Other Benefits.....	_____	_____	_____	_____
TOTAL Benefits.....	_____	_____	_____	_____
TOTAL Employee Expenses.....	_____	_____	_____	_____
2. Rent:				
A. Total Square Footage Leased (Office Space).....	_____	_____	_____	_____
B. Sq Ft Apportioned to Ch. 13 Opr (Office Space).....	_____	_____	_____	_____
C. \$ Amount Paid Per Square Foot (Office Space)...	_____	_____	_____	_____
D. \$ Amount Office Space.....	_____	_____	_____	_____
E. \$ Amount Off-Site Storage.....	_____	_____	_____	_____
TOTAL Rent.....	_____	_____	_____	_____
Is Chapter 13 operation renting from a related party? (YES/NO) _____				
If yes, identify party _____				
3. Utilities (if not included in rent):				
A. Electricity.....	_____	_____	_____	_____
B. Gas.....	_____	_____	_____	_____
C. Water.....	_____	_____	_____	_____
TOTAL Utilities.....	_____	_____	_____	_____

² Payment of payroll taxes and benefits for trustee are not allowable expense items.

II. YEARLY SUPPORTING ESTIMATES

	<u>FY 96</u> <u>Actual</u>	<u>FY 97</u> <u>Full-year</u>	<u>FY 98</u> <u>Budget</u>	<u>FY 98-FY 97</u> <u>Percentage</u> <u>Change</u>
4. Bookkeeping and Accounting Services:				
A. From Third Parties:				
1) vendor name and type of service.....	_____	_____	_____	_____
2) vendor name and type of service.....	_____	_____	_____	_____
B. From Standing Trustee or Related Party:				
1) vendor name and type of service.....	_____	_____	_____	_____
2) vendor name and type of service.....	_____	_____	_____	_____
TOTAL Bookkeeping and Accounting Services.....	_____	_____	_____	_____
5. Computer Services:				
A. Vendor Name:				
B. Vendor Name:	_____	_____	_____	_____
TOTAL Computer Services.....	_____	_____	_____	_____

II. YEARLY SUPPORTING ESTIMATES

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
7. Consulting Services: (This does not authorize payment of expenses incurred for the defense or settlement of claims made or actions brought against the trustee personally.)				
A. From Third Parties:				
1) Consultant name and area of expertise.....				
2) <u>Consultant name and area of expertise.....</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
B. From Related Party:				
1) Consultant name and area of expertise.....				
2) <u>Consultant name and area of expertise.....</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL Consulting Services.....	<u> </u>	<u> </u>	<u> </u>	<u> </u>

II. YEARLY SUPPORTING ESTIMATES

	<u>FY 96</u> <u>Actual</u>	<u>FY 97</u> <u>Full-year</u>	<u>FY 98</u> <u>Budget</u>	<u>FY 98-FY 97</u> <u>Percentage</u> <u>Change</u>
11. Bond Premiums:				
A. For Standing Trustee.....	_____	_____	_____	_____
B. For Staff.....	_____	_____	_____	_____
TOTAL Bond Premiums.....	_____	_____	_____	_____
14. Publications and On-Line Services:				
A. (name).....	_____	_____	_____	_____
B. (name).....	_____	_____	_____	_____
C. (etc.).....	_____	_____	_____	_____
TOTAL Publications and On-Line Services.....	_____	_____	_____	_____
15. Insurance, other than Employee Benefits:				
A. Errors and Omissions insurance (insurer name)..	_____	_____	_____	_____
B. (insurer name and type of insurance).....	_____	_____	_____	_____
C. (insurer name and type of insurance).....	_____	_____	_____	_____
D. (etc.).....	_____	_____	_____	_____
TOTAL Insurance.....	_____	_____	_____	_____

II. YEARLY SUPPORTING ESTIMATES

	<u>FY 96</u> <u>Actual</u>	<u>FY 97</u> <u>Full-year</u>	<u>FY 98</u> <u>Budget</u>	<u>FY 98-FY 97</u> <u>Percentage</u> <u>Change</u>
17. Maintenance and Service Agreements:				
A. (item).....	_____	_____	_____	_____
B. (item).....	_____	_____	_____	_____
C. (etc.).....	_____	_____	_____	_____
TOTAL Maintenance.....	_____	_____	_____	_____
19. Travel:				
A. Transportation.....	_____	_____	_____	_____
B. Lodging.....	_____	_____	_____	_____
C. Meals.....	_____	_____	_____	_____
D. Other (list).....	_____	_____	_____	_____
TOTAL Travel.....	_____	_____	_____	_____
20. Equipment/Furniture Rental:				
A. From Third Parties:				
1) Business equipment.....	_____	_____	_____	_____
2) Computer equipment.....	_____	_____	_____	_____
3) Furniture.....	_____	_____	_____	_____
4) Other rental (list).....	_____	_____	_____	_____
B. From Standing Trustee or Related Party				
1) Business equipment.....	_____	_____	_____	_____
2) Computer equipment.....	_____	_____	_____	_____
3) Furniture.....	_____	_____	_____	_____
4) Other rental (list).....	_____	_____	_____	_____
TOTAL Equipment/Furniture Rentals.....	_____	_____	_____	_____

II. YEARLY SUPPORTING ESTIMATES

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
21. Equipment/Furniture Purchases:				
A. Business equipment.....	_____	_____	_____	_____
B. Computer equipment.....	_____	_____	_____	_____
C. Furniture.....	_____	_____	_____	_____
D. Other (specify).....	_____	_____	_____	_____
TOTAL Equipment/Furniture Purchases.....	_____	_____	_____	_____
23. All Other Expenses(specify third or related party):				
A. (item).....	_____	_____	_____	_____
B. (item).....	_____	_____	_____	_____
C. (item).....	_____	_____	_____	_____
D. (etc.).....	_____	_____	_____	_____
TOTAL All Other Expenses.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE³

	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 98-FY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
#1 Employee Name & Position:_____				
If hired in FY 97 or FY 98,				
give month and year of hire _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security)	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year ⁴	_____	_____	_____	_____
Hourly Salary - End of Year ⁴	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

³ Identify by marking with an "*" each employee who is related (by blood or marriage) to the trustee or to another trustee employee and describe the relationship. Also, for any retirement plan(s) in effect, define contribution formula.

⁴ For FY 96, enter either average hourly salary for the year or the beginning and ending hourly salaries.

III. DETAIL OF PERSONNEL EXPENSE

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
#2 Employee Name & Position:_____				
If hired in FY 97 or FY 98,				
give month and year of hire _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security)	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 98-FY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
#3 Employee Name & Position:_____				
If hired in FY 97 or FY 98,				
give month and year of hire _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security)	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 98-FY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
#4 Employee Name & Position:_____				
If hired in FY 97 or FY 98,				
give month and year of hire _____				
Salary (including amounts withheld).....	_____	_____	_____	_____
Overtime, if applicable.....	_____	_____	_____	_____
Bonus.....	_____	_____	_____	_____
Employer's Contribution (payroll, social security)	_____	_____	_____	_____
Employee Benefits (list):				
Health Insurance				
(circle: family or indiv.).....	_____	_____	_____	_____
Life Insurance.....	_____	_____	_____	_____
Other Insurance				
(e.g., vision) identify_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement.....	_____	_____	_____	_____
Parking.....	_____	_____	_____	_____
Other Benefits (identify)_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL Employee Expense.....	_____	_____	_____	_____
Average number of hours/week.....	_____	_____	_____	_____
Hourly Salary - Beginning of Year.....	_____	_____	_____	_____
Hourly Salary - End of Year.....	_____	_____	_____	_____
Average hourly TOTAL Employee Expense.....	_____	_____	_____	_____

III. DETAIL OF PERSONNEL EXPENSE

	FY 96 <u>Actual</u>	FY 97 <u>Full-year</u>	FY 98 <u>Budget</u>	FY 98-FY 97 Percentage <u>Change</u>
Total Employee Expense Per Employee:				
Employee #1 (Name&position).....	_____	_____	_____	_____
Employee #2 (Name&position).....	_____	_____	_____	_____
Employee #3 (Name&position).....	_____	_____	_____	_____
Employee #4 (Name&position).....	_____	_____	_____	_____
Employee #5 (Name&position).....	_____	_____	_____	_____
Employee #6 (Name&position).....	_____	_____	_____	_____
Employee #7 (Name&position).....	_____	_____	_____	_____
Employee #8 (Name&position).....	_____	_____	_____	_____
Employee #9 (Name&position).....	_____	_____	_____	_____
Employee #10 (Name&position).....	_____	_____	_____	_____
Employee #11 (Name&position).....	_____	_____	_____	_____
Employee #12 (Name&position).....	_____	_____	_____	_____
Employee #13 (Name&position).....	_____	_____	_____	_____
Employee #14 (Name&position).....	_____	_____	_____	_____
Employee #15 (Name&position).....	_____	_____	_____	_____
Bonus Funds.....	_____	_____	_____	_____
TOTAL All Employees.....	_____	_____	_____	_____

NOTE: Attach written job description for each employee listed above.

IV. YEARLY ALLOCATED EXPENSE EXHIBIT⁵

	<u>FY 96</u> <u>Actual</u>	<u>FY 97</u> <u>Full-year</u>	<u>FY 98</u> <u>Budget</u>	<u>FY 98-FY 97</u> <u>Percentage</u> <u>Change</u>
Item and Justification for Allocation:				
1. Expense Item: _____				
Total Cost	_____	_____	_____	_____
Cost Allocated to Ch. 13 Operations	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
2. Expense Item: _____				
Total Cost	_____	_____	_____	_____
Cost Allocated to Ch. 13 Operations	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
3. Expense Item: _____				
Total Cost	_____	_____	_____	_____
Cost Allocated to Ch. 13 Operations	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				
4. Expense Item: _____				
Total Cost	_____	_____	_____	_____
Cost Allocated to Ch. 13 Operations	_____	_____	_____	_____
Allocation Percentage (identify other party):				
Justification for Allocation: _____				

⁵Examples of "Justification for Allocation" are hours worked, square footage, number of employees.

V. WORKLOAD EXHIBIT

	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>	<u>FY 98-FY 97</u>
	<u>Actual</u>	<u>Full-year</u>	<u>Budget</u>	<u>Percentage</u>
				<u>Change</u>
1. a) Receipts, actual or estimate, net of refunds (exclude constructive receipts).....	_____	_____	_____	_____
b) Disbursements subject to percentage fee, actual or estimate (exclude constructive disbursements)	_____	_____	_____	_____
c) Interest earned on trust and expense funds, actual or estimate.....	_____	_____	_____	_____
d) Revenue from awards under Section 503(b).....	_____	_____	_____	_____
e) Revenue from noticing.....	_____	_____	_____	_____
2. a) Average Percentage fee, actual or requested.....	_____ %	_____ %	_____ %	
b) Revenue from perct. fees (Item 1(b)xItem 2(a))	\$ _____	\$ _____	\$ _____	
c) Revenue from fees on direct payments.....	\$ _____	\$ _____	\$ _____	
3. Cases active, start of period.....	_____	_____	_____	
4. New cases filed during fiscal year (+).....	_____	_____	_____	
5. Adjustments during fiscal year:				
a) Cases transferred in (+).....	_____	_____	_____	
b) Cases converted from another chapter (+).....	_____	_____	_____	
c) Cases transferred out (-).....	_____	_____	_____	
d) Conversions to another chapter (-).....	_____	_____	_____	
e) Dismissals (-).....	_____	_____	_____	
Total adjustment (+) or (-).....	_____	_____	_____	
6. Cases closed by the Court on completion of the plan or hardship discharge (-).....	_____	_____	_____	_____
7. Cases active, end of period (3+4+5-6).....	_____	_____	_____	_____

NOTE: The entry for "Cases active, end of period" should be carried forward as the number of "Cases active, start of period" in the next fiscal year.

VI. COMPUTATION OF AMOUNT AVAILABLE FOR COMPENSATION AND OPERATING RESERVE

1. End-of-Year FY 97 Operating Reserve
(limited to no more than 17% of FY 97 Total Operating Expenses) _____
2. Interest earned on trust funds [same as V.1(c)] _____
3. Revenue from awards under Section 503(b) [same as V.1(d)] _____
4. Revenue from noticing [same as V.1(e)] _____
5. Revenue from percentage fees [same as V.2(b)] _____
6. Revenue from fees on direct payments [same as V.2(c)] _____
7. Total revenue [1+2+3+4+5+6] _____
8. Less Total Operating Expenses
[same as total of I. A on Page 2] _____
9. Balance of funds available for compensation (inclusive of
20% in benefits) and operating reserve. _____

NOTE: Entries for lines 2-9 reflect numbers for FY 98

STANDING TRUSTEES CERTIFICATION TO BUDGET REQUEST

I hereby certify that the information contained herein is correct, and request that this annual budget be examined and reviewed by the United States Trustee.

CHAPTER 13 STANDING TRUSTEE'S SIGNATURE

REVIEWED BY:

United States Trustee